Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS644HOS	A. BUILDING _____ B. WING _____	C 08/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON SPECIALTY HOSPITAL	640 DESERT LANE LAS VEGAS, NV 89106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 8/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. The facility was surveyed following the 2006 edition of the American Institute of Architects (AIA) Guidelines for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code. Complaint #NV00026213 was substantiated with deficiencies cited. (Refer to Tag S 0153) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	S 000		
S 153 SS=A	NAC 449.332 Discharge Planning 11. The patient, members of the family of the patient and any other person involved in caring for the patient must be provided with such information as is necessary to prepare them for the post-hospital care of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to follow their Unplanned	S 153	1. Education of staff regarding transfer of patients to another facility for care: A. Proper procedure to be followed when transferring patients: a. Notification of Physician for orders to transfer. b. Notification of family to include POA, and/or significant other. c. Correct documentation to include the following:	8/25/10

Accepted Signature 9-7-10

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE X _____ TITLE CEO (X6) DATE 8/30/10

STATE FORM 6899 If continuation sheet 1 of 2

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

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S 153	Continued From page 1 Transfer of patient to Acute Hospital for Patient #1. Findings include: 1. There was no documented evidence the family was notified of the patient's transfer to an acute hospital in the patient's medical file. Severity: 1 Scope: 1	S 153	i Complete the authorization and consent form ii Document on nurses notes notification of physician and family/ POA/significant other, date/time, transferring facility, pt condition, and name of notifying person iii Notifying person must authenticate with name and credentials Education to be done by [redacted], RN, CNO 2. Review and revise policies for transfer of patients to include above information. To be completed by [redacted], RN, PI/QA 3. Case management documentation to include contact numbers and family involvement with the discharge process To be completed by [redacted] LPN Case Coordinator. All charts to be monitored to ensure that all contact numbers are accessible. All discharge charts to be monitored to ensure that all documentation is complete and accurate. Chart monitoring to be done monthly times 4 and reported to the PI, MEC and Board of governors meetings. After initial monitoring, monitoring will continue monthly and be reported to PI, MEC and Board of Governors quarterly	8/20/10 8/20/10

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